



REQUEST TO EMERGENCY COMMISSION

STATE OF NORTH DAKOTA

SF00025800(1-00)

Submit original and 6 copies to Secretary of State

For reference, see North Dakota Century Code, Chapter 54-16

Date	Department Number	Department Name	
Authorized Department Signature		Name of Contact Person	Telephone Number

1. Legislative Authorized FTE _____ 2. Previous Emergency Commission Authorization for FTE _____ 3. FTE Included in this Request _____

4. Was any portion of this request presented to the last legislative session? (If yes, please explain legislative action in narrative) . . ☐ Yes ☐ No

5. Is any portion of this request a new program? (If yes, please explain in narrative) ☐ Yes ☐ No

6. Will the legislature be asked to continue this program in the next biennium? ☐ Yes ☐ No

PART A: INCREASE IN APPROPRIATION LINE ITEM:

7. Will this program require state general fund money for a match? ☐ Yes ☐ No

a. If yes, estimate the amount of general fund monies that will be needed to match the request in this biennium
and explain the source of those monies in the narrative.

b. If yes, estimate the total general fund monies needed to continue request in the next biennium. _____

8. Source of Funds (check applicable box)

☐ Federal ☐ State Contingency Funds ☐ Other _____

9. Is this a pass-through from another agency? ☐ Yes ☐ No If yes, from which agency? _____

Line Item

Amount

PART B: INTRA-AGENCY LINE ITEM TRANSFER:

FROM - Line Item

TO - Line Item

Amount

PART C: NARRATIVE: (attach separate sheets if necessary)